

Moxifloxacin relieves the persistent symptoms of lower urinary tract after cessation of ketamine abuse

To the Editor—We read with great interest the recent article by Cheung et al,¹ in which they described the relationship of urinary symptoms and quality of life after cessation of ketamine in female abusers. Herein we describe a patient with persistent lower urinary symptoms after cessation of ketamine. Confusingly, his symptoms improved significantly following treatment with moxifloxacin.

A 24-year-old man was forced to stay in a drug rehabilitation centre for 3 months from May to July 2011, where he accepted cessation of ketamine therapy, as he had a 2-year history of severe lower urinary tract symptoms (LUTS) after abusing the drug for almost 3 years. There was no improvement in symptoms for up to 2 months after cessation of ketamine. Two urine cultures grew no bacteria, mycoplasma, chlamydia, or acid-fast bacilli in the specimens. Nevertheless, treatment with moxifloxacin 400 mg daily was commenced for 1 week when he accepted this additional treatment for the first time. Surprisingly, the patient's LUTS and quality-of-life score decreased significantly. In particular, his suprapubic pain and dysuria improved markedly from the second day of moxifloxacin therapy, and 1 day after discontinuing the drug they gradually

recurred and finally returned to the level present prior to starting the medication. He was deemed to require moxifloxacin 400 mg daily, because without such treatment his symptoms recurred and when it was restarted they resolved. He still comes to our hospital intermittently for moxifloxacin to relieve his LUTS. Others have reported no such benefits from antibiotic therapy under these circumstances,^{2,3} and so the apparent response to treatment with moxifloxacin was surprising and difficult to explain. Notably, the patient also mentioned experienced increasing haematuria for a short period after moxifloxacin treatment was initiated, and that he still has some dysuria.

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Declaration

No conflicts of interest were declared by the authors.

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